

STATE WIC PROGRAM

Medical Documentation for WIC Formula and Approved WIC Foods Infants and Children (through 4 years of age)

Patient's First & Last Name _____ Birthdate(MM/DD/YY) _____

Parent/Caregiver's First & Last Name _____

Prescription: To authorize a special WIC-approved formula or WIC-eligible medical food for an infant or child, please complete items 1(1a), 2-3 for the appropriate participant category. To authorize milk substitutes for a child, please complete 1b,2-3; all are required for WIC provision of the item(s).

INFANTS

1. Infant formula requested:

Prescribed amount per day: _____ oz/day Physical Form: Powder Concentrate Ready to Feed

Instructions for preparation and use: _____

Intended length of use 1 month 3 months 6 months Other _____

2. WIC foods allowed (6-11 months of age; please select all that apply)

infant cereal infant food fruits / vegetables

Prescribed amount per day: Full provision Restriction (explain) _____

Instructions/ Comments: _____

Intended length of use 1 month 3 months 6 months Other _____

3. Qualifying medical condition(s):

(Justifies the prescription of above formula/ foods)

CHILDREN

1a. WIC formula/ medical food requested:

Prescribed amount per day: _____ Physical Form: Powder Concentrate Ready to Feed Food Bar

Instructions for preparation and use: _____

Intended length of use 1 month 3 months 6 months Other _____

1b. Milk substitute(s) requested (authorization allows for calcium-set tofu/ cheese/ soy beverage to be substituted for milk)

Tofu Cheese Soy based beverage

Prescribed amount per day: Full provision Restriction (explain) _____

Instructions/ Comments: _____

Intended length of use 1 month 3 months 6 months Other _____

2. WIC foods allowed (please select all that apply)

juice breakfast cereal whole wheat bread or
 eggs fruits and vegetables other whole grains
 legumes or peanut butter milk or milk substitutes

Prescribed amount per day: Full provision Restriction (explain) _____

Instructions/ Comments: _____

Intended length of use 1 month 3 months 6 months Other _____

3. Qualifying medical condition(s):

(Justifies the prescription of above formula/ substitute/ foods)

SIGNATURE (Health Care Provider) :

Date:

Printed Name (Health Care Provider):

Medical Office/ Clinic:

Telephone:

Address:

WIC Staff Use Only:

SNAPSHOT of the New WIC Food Packages

Maximum Monthly Allowances of Supplemental Foods For Infants and Children Requiring Medical Documentation

	Infants				Children	
	Fully Formula fed		Partially Breastfed			
Foods	A: 0-3 months B: 4-5 months	6-11 months	A: 0 to 1 month B: 1-3 months C: 4-5 months	6-11 months	Foods	1 through 4 years
WIC Formula ¹	A: 806 fl oz reconstituted liquid concentrate B: 884 fl oz reconstituted liquid concentrate	624 fl. oz. reconstituted liquid concentrate	A: 1 can powder B: 364 fl oz reconstituted liquid concentrate C: 442 fl. oz. reconstituted liquid concentrate	312 fl. oz. reconstituted liquid concentrate	Juice	128 fl oz
					WIC Formula ¹	455 fl oz ² liquid concentrate
					Milk ³	16 qt
					Breakfast cereal	36 oz
Infant cereal		24 oz		24 oz	Eggs	1 dozen
					Fruit and Vegetables	\$6.00 in cash value vouchers
					Whole wheat bread ⁴	2 lb
Baby food fruits and vegetables		128 oz		128 oz	Beans	1 lb (64 oz canned) OR 18 oz
					Peanut butter	

¹ WIC Formula means infant formula, exempt infant formula, or WIC-eligible medical food.

² Powder and Ready-to-Feed may be substituted at rates that provide comparable nutritive value.

³ Allowable milk alternatives are cheese, soy beverage, and tofu.

- Cheese may be substituted for milk at a rate of 1 pound cheese per 3 quarts milk, up to the maximum monthly provision
- Soy beverage may be substituted for milk on a quart for quart ratio, up to the maximum monthly provision
- Tofu may be substituted for milk at a rate of 1 pound tofu per 1 quart of milk, up to the maximum monthly provision

⁴ Allowable options for whole wheat bread are brown rice, bulgur, oatmeal, whole-grain barley, soft corn or whole wheat tortillas